

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	03-016
<input type="checkbox"/> Declaration Submitted With Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		First Named Inventor	Schultz, J., et al
COMPLETE IF KNOWN			
		Application Number	10/649433
		Filing Date	08/26/2003
		Art Unit	
		Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

System and Method for Detecting Bioanalytes and Method for Producing a Bioanalyte Sensor

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 08/26/2003 as United States Application Number or PCT International

Application Number 10/649433 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: OR Correspondence address below

Name **Debra M. Parrish, Esq.**
Parrish Law Offices

Address **615 Washington Road, Suite 200**

City **Pittsburgh** State **Pennsylvania** ZIP **15228**

Country **U.S.A.** Telephone **412-561-6250** Fax **412-561-6253**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) **Jerome S.** Family Name or Surname **SCHULTZ**

Inventor's Signature  Date **9/23/2003**

Residence: City **Pittsburgh** State **Pennsylvania** Country **U.S.A.** Citizenship **USA**

Mailing Address

111 Bentley Drive

City **Pittsburgh** State **Pennsylvania** ZIP **15238** Country **U.S.A.**

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) **Kaiming** Family Name or Surname **YI**

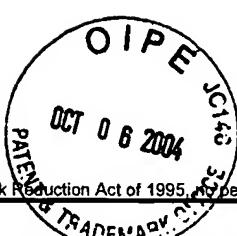
Inventor's Signature  Date **9/23/2003**

Residence: City **Pittsburgh** State **Pennsylvania** Country **U.S.A.** Citizenship **China**

Mailing Address
100 Academy Avenue

City **Pittsburgh** State **Pennsylvania** ZIP **15228** Country **U.S.A.**

Additional inventors or a legal representative are being named on the **supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.**



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/649433
Filing Date	08/26/2003
First Named Inventor	Schultz, J., et al.
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	03-016

I hereby appoint:

Practitioners at Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number
Debra M. Parrish	38,032

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Parrish Law Offices			
Address	615 Washington Road				
Address	Suite 200				
City	Pittsburgh	State	PA	Zip	15228
Country	U.S.A.				
Telephone	412-561-6250	Fax	412-561-6253		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

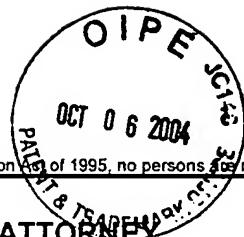
SIGNATURE of Applicant or Assignee of Record

Name	Jerome S. Schultz		
Signature			
Date	9/25/2003	Telephone	412-383-9900

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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Debra M. Parrish	38,032

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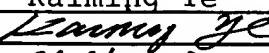
 The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Parrish Law Offices			
Address	615 Washington Road			
Address	Suite 200			
City	Pittsburgh	State	PA	Zip 15228
Country	U.S.A.			
Telephone	412-561-6250	Fax	412-561-6253	

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Kaiming Ye		
Signature			
Date	9/23/2003	Telephone	412-388-1822

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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